

E 1040 U.S. Individual Income Tax Return 2004		(99) IRS Use Only-Do not write or staple in this space	
Label (See instructions) Use the IRS label. Otherwise, please print or type. R 2621 N TATNALL STREET E Wilmington DE 19802-		Department of the Treasury-Internal Revenue Service For the year Jan. 1-Dec. 31, 2004, or other tax year beginning .2004, ending .20 Name Spouse's Name (if Joint Return) Home Address City, State, and ZIP Code MARCUS I ROBERTS Your social security number 221-66-3116 Spouse's soc. sec. number Important! You must enter your SSN(s) above.	
Presidential Election Campaign (See instructions.) ► Note. Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund?		You Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Filing Status Check only one box.		1 <input checked="" type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ►	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions). If the qualifying person is a child but not your dependent, enter this child's name here. 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)
Exemptions		6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input type="checkbox"/> Spouse	Boxes checked on 6a and 6b 1 No. of children on 6c who: • lived with you 0 • did not live with you due to divorce or separation (see instr.) 0 Dependents on 6c not entered above 0 Add numbers on lines above 1
If more than four dependents see instr.		c Dependents: (1) First name Last name _____ _____ _____ _____ d Total number of exemptions claimed	
Income Attach Forms W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.		7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends (see instructions) 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 15a b Taxable amount (see instructions) 16a Pensions and annuities 16a b Taxable amount (see instructions) 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20a b Taxable amount (see instructions) 21 Other income. List type and amount (see instr.) 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ►	7 11,606. 8a 9a 10 11 12 13 14 15b 16b 17 18 19 20b 21 22 11,606.
If you did not get a W-2, see instructions Enclose, but do not attach, any payment. Also, please use Form 1040-V.		23 Educator expenses (see instructions) 24 Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ 25 IRA deduction (see instructions) 26 Student loan interest deduction (see instructions) 27 Tuition and fees deduction (see instructions) 28 Health savings account deduction. Attach Form 8889 29 Moving expenses. Attach Form 3903 30 One-half of self-employment tax. Attach Schedule SE 31 Self-employed health insurance deduction (see instr.) 32 Self-employed SEP, SIMPLE, and qualified plans 33 Penalty on early withdrawal of savings 34a Alimony paid b Recipient's SSN ►	23 24 25 26 27 28 29 30 31 32 33 34a
		35 Add lines 23 through 34a 36 Subtract line 35 from line 22. This is your adjusted gross income ►	35 36 11,606.

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 US1040S1 Rev. 1

BCA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions

Form 1040 (2004)

Form 1040 (2004)

MARCUS I ROBERTS

221-66-3116

Page 2

Tax and Credits**Standard Deduction for -**

- People who checked any box on line 38a or 38b or who can be claimed as a dependent, see instr.
- All others:

Single, or Married filing separately, \$4,850

Married filing jointly or Qualifying widow(er), \$9,700

Head of household, \$7,150

37	Amount from line 36 (adjusted gross income)	37	11,606.
38a	Check <input type="checkbox"/> You were born before January 2, 1940. <input type="checkbox"/> if: Spouse was born before January 2, 1940.	Blind. <input type="checkbox"/> Total boxes checked > 38a <input type="checkbox"/>	
b	If your spouse itemizes on a separate return or you were a dual-status alien, see instructions and check here	> 38b <input type="checkbox"/>	
39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39	4,850.
40	Subtract line 39 from line 37	40	6,756.
41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see instructions.	41	3,100.
42	Taxable Income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	3,656.
43	Tax (see instr.). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	43	368.
44	Alternative minimum tax (see instructions). Attach Form 6251	44	
45	Add lines 43 and 44	45	368.
46	Foreign tax credit. Attach Form 1116 if required	46	
47	Credit for child and dependent care expenses. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see instructions)	51	
52	Adoption credit. Attach Form 8839	52	
53	Credits from: a <input type="checkbox"/> Form 8398 b <input type="checkbox"/> Form 8859	53	
54	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	54	
55	Add lines 46 through 54. These are your total credits	55	
56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	368.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60	Advance earned income credit payments from Form(s) W-2	60	
61	Household employment taxes. Attach Schedule H	61	
62	Add lines 58 through 61. This is your total tax	62	368.

Payments

63	Federal income tax withheld from Forms W-2 and 1099	63	568.
64	2004 estimated tax pymts and amt applied from 2003 return	64	
65a	Earned income credit (EIC)	65a	NO
b	Nontaxable combat pay election	65b	
66	Excess social security and tier 1 RRTA tax withheld (see inst)	66	
67	Additional child tax credit. Attach Form 8812	67	
68	Amount paid with request for extension to file (see inst)	68	
69	Other pymts. from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	69	
70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	568.

Refund

Direct deposit?
See instructions and fill in 72b, 72c, and 72d.

71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71	200.
72a	Amount of line 71 you want refunded to you	72a	200.
b Routing number	031207801	c Type:	<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings
d Account number	0760168039		

73 Amount of line 71 you want applied to your 2005 est. tax ► 73

Amount You Owe

74 Amount you owe. Subtract line 70 from line 62. For details on how to pay, see instructions ► 74

75 Estimated tax penalty (see instructions) 75

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following.
Designee's name ► Phone no. No Personal identification number (PIN) ►

Sign Here

Joint return?
See instr.
Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature ► Date Your occupation Daytime phone number

Marcus Roberts 2/19/05 WAREHOUSE DISTRIBUTOR 302-324-2952

Spouse's signature, if a joint return, both must sign Date Spouse's occupation

Paid Preparer's Use Only

Preparer's signature ► Date Check if self-employed Preparer's SSN or PTIN S21110026

Firm's name (or yours if self-employed), address, and ZIP code ► EIN

► Phone no.

US 1040

Main Information Sheet

2004

PRINTED 02/19/2005

MARCUS I ROBERTS
 2621 N TATNALL STREET
 Wilmington DE 19802-

Taxpayer	Spouse
SSN 221-66-3116	
Birth 07/25/1982	
Death	
Taxpayer Day Phone 302-324-2952	
Evening 302-762-4356	
Cell or Fax	

Email Address

Taxpayer Occupation WAREHOUSE DISTRIBUTOR

Spouse Occupation

Dependent children
 who lived with you:
 did not live with you due
 to divorce or separation:
 Other dependents:
 Total exemptions: 1

Preparer ID: _____ Preparation Fee

Date: _____

Preparer: _____ S21110026

Preparer's Use:	1	4	Time in
	2	5	return
	3	6	30 min.

Recap of 2004 Income Tax Return

Earned Income	<u>11,606.</u>	Federal	State	DE
Federal AGI.....	<u>11,606.</u>	368.	88.	
Taxable Income.....	<u>3,656.</u>	568.	80.	
EIC		Refund/(Due)	<u>200.</u>	(8.)

Tax.....	-	-	-	-	-
Withholding					
Refund/Due.....					
Federal Tax Bracket	<u>10.0 %</u>				

	Instant RAL	Maximum RAL	Partial RAL	2 week check	DDR
Qualifying refund....					
Fees					
Net refund					
Fast check					
Overage check					
Instant check					
Check one					

221-66-3116

W-2 DETAIL REPORT - 2004

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	State Wages	State With.	Local Wth.	Locality
JANNETT CO INC	16-0442930	X	11606	568	720	168	DE	11606	80	WILMINGTO
			11606	568	720	168			--	
							11606	80		145
									--	
										145

2004 R

DELAWARE INDIVIDUAL RESIDENT
INCOME TAX RETURN
FORM 200-01

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning

and ending

Your Social Security No.

Spouse's Social Security No.

221-66-3116

(Attach Label Here) DO NOT COVER SOCIAL SECURITY NUMBERS

Your Last Name ROBERTS	First Name and Middle Initial MARCUS I	Jr., Sr., III., etc.
----------------------------------	--	----------------------

Spouse's Last Name	Spouse's First Name	Jr., Sr., III., etc.
--------------------	---------------------	----------------------

Present Home Address (Number and Street) Apt. #

2621 N TATNALL STREET

City State Zip Code

Wilmington DE 19802-

FILING STATUS (MUST CHECK ONE)

<input checked="" type="checkbox"/> Single, Divorced Widow(er)	<input type="checkbox"/> Married & Filing Separate Forms	<input type="checkbox"/> Head of Household
<input type="checkbox"/> Joint	<input type="checkbox"/> Married & Filing Combined Separate on this form	

Form DE2210

Attached

If you were a part-year resident in 2004, give the dates you resided in Delaware.

From **2004** To **2004**

Month Day Month Day

Column A is for Spouse information, filing status 4 only. All other filing statuses use Col. B.		Column A	Column B
1. DELAWARE ADJUSTED GROSS INCOME. Enter amount from page 2, Line 39.....		1	00 11,606.00
2 a. If you elect the DELAWARE STANDARD DEDUCTION check here Filing Statuses 1, 3 & 5 Enter \$3250 in Column B Filing Status 4 Enter \$3250 in Column A and in Column B Filing Status Z Enter \$6500 in Column B			
b. If you elect the DELAWARE ITEMIZED DEDUCTIONS check here Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions from pg. 2, Line 45 in Column B Filing status 4 enter Itemized Deductions from page 2, Line 45 in Columns A and B		2	00 3,250.00
3. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deds. - see instr.)			
CHECK BOX(ES)	Column A - If SPOUSE was 65 or over <input type="checkbox"/> Blind <input type="checkbox"/>	Column B - If YOU were 65 or over <input type="checkbox"/> Blind <input type="checkbox"/>	
Multiply the number of boxes checked above by \$2500. If you are filing a combined separate return (Filing status 4) enter the total for each appropriate column. All others enter total in Column B		3	00 00.00
4. TOTAL DEDUCTIONS - Add Lines 2 & 3 and enter here		4	00 3,250.00
5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this Amount		5	00 8,356.00
6. Tax Liability from Tax Rate Table/Schedule		Column A	Column B
		00	198.00
7. Tax on Lump Sum Distrib. (Form 329)		00	00
8. TOTAL TAX - Add Lines 6 and 7 and enter here		► 8	00 198.00
PERSONAL CREDITS (See instr.). If you use Filing Status 4, enter the total for each appropriate column. All others enter total in Column B.			
9a. Enter number of exemptions claimed on Fed. return 1 X \$110		9a	00 110.00
On Line 9a, enter the number of exemptions for: Column A <input type="checkbox"/> Column B <input checked="" type="checkbox"/> 1			
9b. CHECK BOX(ES) Spouse 60 or over (Column A) <input type="checkbox"/> Self 60 or over (Column B) <input type="checkbox"/>			
Enter number of boxes checked on Line 9b. X \$110		9b	00 00.00
10. Tax imposed by State of _____ (Must attach a signed copy of return).		10	00 00.00
11. Volunteer Firefighter Company # _____ /Other Non-Refundable Credits (See Instructions) ..		11	00 00.00
12. Child Care Credit. Must attach Form 2441; Sch. 2, 1040A (Enter 50% of Federal credit) ..		12	00 00.00
13. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11 and 12 and enter here		13	00 110.00
14. BALANCE. Subtract Line 13 from Line 8. If Line 13 is greater than Line 8, enter "0" (Zero)..		14	00 88.00
15. Delaware Tax withheld (W2's/1099 Required)		00	80.00
16. 2004 Estimated Tax Paid and Payments with Extensions		00	00
17. S Corporation Payments Form 1100S/A-1 Required		00	00
18. TOTAL Refundable Credits. Add Lines 15, 16 and 17 and enter here		► 18	00 80.00
19. BALANCE DUE. If Line 14 is greater than Line 18, subtract 18 from 14 and enter here ► 19		00	00 8.00
20. OVERPAYMENT. If Line 18 is greater than Line 14, subtract 14 from 18 and enter here ► 20		00	00 00.00
21. CONTRIBUTIONS TO SPECIAL FUNDS			
A. Non-Game Wildlife	E. Breast Cancer Education	00	
B. U.S. Olympics	F. Organ Donations	00	
C. Emergency Housing	G. Diabetes Educ.	00	
D. Children's Trust	H. Veteran's Home	00	
	I. DE National Guard	00	
		TOTAL	► 21 00.00
22. AMOUNT OF LINE 20 TO BE APPLIED TO 2005 ESTIMATED TAX ACCOUNT.....		ENTER	► 22 00.00
23. PENALTIES AND INTEREST DUE. If Line 19 is greater than \$400, see estimated tax instructions.....		ENTER	► 23 00.00
24. NET BALANCE DUE (For Filing Status 4, see instructions)		PAY IN FULL	► 24 8.00
For all other filing statuses, enter Line 19 plus Lines 21 and 23			
25. NET REFUND (For Filing Status 4, see instructions)..... ZERO DUE/TO BE REFUNDED		► 25	00.00
For all other filing statuses, subtract Lines 21, 22 and 23 from Line 20			

ATTACH LABEL

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

MARCUS I ROBERTS

221-66-3116

2004 DELAWARE RESIDENT FORM 200-01, PAGE 2

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See worksheet in the instructions.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

SECTION A - ADDITIONS (+)

26. Enter Federal AGI amount from Federal 1040, Line 38; 1040A, Line 21; or 1040EZ, Line 4, or Telefile, Line L... 26 00 11,606 0027. Interest on State and Local obligations other than Delaware 27 00 00 0028. Fiduciary adjustment, oil depletion 28 00 00 0029. TOTAL - Add Lines 27 and 28 29 00 00 0030. Subtotal, Add Lines 26 and 29 00 11,606 00 30

SECTION B - SUBTRACTIONS (-)

31. Interest received on U.S. Obligations 31 00 00 0032. Pension/Retirement Exclusions (See instructions) 32 00 00 0033. Delaware State tax refund, Delaware lottery, fiduciary adjustment, work opportunity tax credit, Travelink Program, Delaware NOL Carry forward 33 00 00 0034. Taxable Soc. Sec./RR Retirement Benefits/Higer Educ. Exc/Certain Lump Sum Dist. (See instructions) 34 00 00 0035. SUBTOTAL. Add Lines 31, 32, 33, and 34 and enter here 35 00 00 0036. Subtotal. Subtract Line 35 from Line 30 00 11,606 00 3637. Exclusion for certain persons 60 and over or disabled (See instructions) 37 00 00 0038. Total - Add Lines 35 and 37 38 00 00 0039. DE ADJUSTED GROSS INCOME. Subtract Line 38 fr Line 30. Enter here & on Pg. 1, Line 1 39 00 11,606 00

SECTION C - ITEMIZED DEDUCTIONS (MUST ATTACH FEDERAL SCHEDULE A) If Columns A and B are used and you are unable to specifically allocate deductions between spouses, you must prorate in accordance with income.

40. Enter total Itemized Deductions from Schedule A, Federal Form 1040, Line 28 40 00 00 0041. Enter Foreign Taxes Paid (See instructions) 41 00 00 0042. Enter Charitable Mileage Deduction (See instructions) 42 00 00 0043. SUBTOTAL. Add Lines 40, 41, and 42 and enter here 43 00 00 0044a. Enter State Income Tax included in Line 40 above (See instructions) 44a 00 00 0044b. Enter Form 700 Tax Credit Adjustment (See instructions) 44b 00 00 0045. TOTAL Subtract Line 44a and 44b from Line 43. Enter here and on Pg. 1, Line 2 (See instr.) 45 00 00 00

SECTION D - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly to your checking or savings account, complete boxes a, b and c below. See instructions for details.

a. Routing Number

b. Type:

 Checking Savings

DATE OF DEATH

SPOUSE

TAXPAYER

c. Account Number

Month

Day

Year

Month

Day

Year

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

Your Signature 	Date	Signature of Paid Preparer	Date
Spouse's Signature (if filing joint or combined return) 	Date	Address - Zip Code	
Home Phone 302-762-4356	Business Phone 302-324-2952	Business Phone	EIN, SSN, or PTIN S21110026
E-Mail Address		E-Mail Address	

NET BALANCE DUE (LINE 24):

NET REFUND (LINE 25):

ZERO (LINE 25):

DELAWARE DIVISION OF REVENUE

P.O. BOX 508

WILMINGTON, DE 19899-0508

DELAWARE DIVISION OF REVENUE

P.O. BOX 8765

WILMINGTON, DE 19899-8765

DELAWARE DIVISION OF REVENUE

P.O. BOX 8711

WILMINGTON, DE 19899-8711

MAKE CHECKS PAYABLE TO: DELAWARE DIVISION OF REVENUE
 REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

(Rev 8/16/04)

IRS DECLARATION CONTROL NUMBER (DCN)

00 - 5 1 0 6 4 4 7 4 5 0 0 - 5

DE-8453

**DELAWARE INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING**

FOR THE YEAR JANUARY 1 - DECEMBER 31, 2004

2004

USE DELAWARE LABEL (OTHERWISE PRINT)

DO NOT MAIL!

YOUR SOCIAL SECURITY NUMBER	221-66-3116	SPOUSE'S SOCIAL SECURITY NO.
FIRST NAME(S) AND INITIAL(S)	LAST NAME	
MARCUS I	ROBERTS	
HOME ADDRESS (NUMBER AND STREET INCLUDING RURAL ROUTE) 2621 N TATNALL STREET		
CITY, TOWN OR POST OFFICE, STATE & ZIP CODE Wilmington DE 19802		
DAYTIME TELEPHONE NUMBER 302-762-4356		

STATE OF DELAWARE

PART 1 TAX RETURN INFORMATION (WHOLE DOLLARS ONLY)

1. TOTAL DELAWARE ADJ. GROSS INCOME (FORM 200-01, LINE 1; FORM 200-02, LINE 37; FORM 200-03 EZ, LINE 3)	1. 11,606.
2. TOTAL DELAWARE TAX (FORM 200-01, LINE 8; FORM 200-02, LINE 42; FORM 200-03 EZ, LINE 8)	2. 198.
3. DELAWARE INCOME TAX WITHHELD (FORM 200-01, LINE 15; FORM 200-02, LINE 46; FORM 200-03 EZ, LINE 13)	3. 80.
4. NET REFUND (FORM 200-01, LINE 25; FORM 200-02, LINE 58; FORM 200-03 EZ, LINE 22)	4.
5. NET BALANCE DUE (FORM 200-01, LINE 24; FORM 200-02, LINE 57; FORM 200-03 EZ, LINE 21)	5. 8.

PART 2 Direct Deposit of Refund (Optional - See instructions.)

6. Routing number	<input type="text"/>
7. Account number	<input type="text"/>
8. Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

PART 3 DECLARATION OF TAXPAYER

9. I consent that my refund be directly deposited as designated in Part 2, and declare that the information shown on lines 6 through 8 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
 I do not want direct deposit of my refund or am not receiving a refund.
 I authorize the Division of Revenue and its designated financial agent to initiate an electronic funds withdrawal (direct payment) entry to the financial institution account indicated in the tax preparation software for payment of my state taxes owed on this return.

If I have filed a balance due return, I understand that if the Delaware Division of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint Federal and State tax return and there is an error on my state return, I understand my Delaware return will be rejected.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part 1 above agree with the amounts on the corresponding lines of the electronic portion of my 2004 Delaware Income Tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the Delaware Division of Revenue. I also consent to the Delaware Division of Revenue sending my ERO and/or transmitter an acknowledgment of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the IRS to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent.

SIGN HERE

Marcus Roberts 2/19/05

SIGNATURE

DATE

N/A

SPOUSE'S SIGNATURE

DATE

PART 4 DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THIS FORM ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE OBTAINED THE TAXPAYER'S SIGNATURE ON FORM DE-8453 BEFORE SUBMITTING THIS RETURN TO THE INTERNAL REVENUE SERVICE (IRS) AND THE DELAWARE DIVISION OF REVENUE (DDR). I HAVE PROVIDED THE TAXPAYER WITH A COPY OF ALL FORMS AND INFORMATION TO BE FILED WITH THE IRS AND DDR, AND HAVE FOLLOWED ALL OTHER REQUIREMENTS DESCRIBED IN PUBLICATION DE-1345, HANDBOOK FOR ELECTRONIC FILERS OF INDIVIDUAL INCOME TAX RETURNS (TAX YEAR 2004) AND ANY REQUIREMENTS SPECIFIED BY THE DELAWARE DIVISION OF REVENUE. IF I AM ALSO THE PAID PREPARER, UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THE ABOVE TAXPAYER'S RETURN AND ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT AND COMPLETE. DECLARATION OF PREPARER IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

SIGN	02/19/2005	S21110026
HERE	ERO'S SIGNATURE	DATE
	NEHEMIAH GATEWAY CDC	EIN, SSN, OR PTIN.
ERO	FIRM'S NAME (OR YOURS IF SELF-EMPLOYED)	CHECK IF ALSO PREPARER
	201 WEST 23RD STREET WILMINGTON DE 19802-	CHECK IF SELF-EMPLOYED
	ADDRESS (STREET, CITY, STATE AND ZIP CODE)	BUSINESS PHONE #

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THE ABOVE TAXPAYER'S RETURN AND ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT, AND COMPLETE. DECLARATION OF PREPARER IS BASED ON ALL INFORMATION OF WHICH THE PREPARER HAS ANY KNOWLEDGE.

SIGN	S21110026	
HERE	PREPARER'S SIGNATURE	DATE
	EIN, SSN, OR PTIN	
PAID PRE- PARER	FIRM'S NAME (OR YOURS IF SELF-EMPLOYED)	CHECK IF SELF-EMPLOYED
	ADDRESS (STREET, CITY, STATE & ZIP CODE)	